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Communications.

PLACENTA PRÆVIA.—METRO-PERITONITIS.—DEATH.

Read before the Cleveland Academy of Medicine, February 2d, 1869.

By W. H. Palmer, M. D.,

Of Cleveland, Ohio.

I was called, Tuesday, Jan. 19th, to see Mrs. C., aged 32, English by birth, in United States four years, married twelve years, now pregnant for the first time.

The patient had been under the care of a medical gentleman who, by reason of other engagements, had referred her to Dr. Terry; by the kindness of the latter gentleman, the case fell into my hands.

From the patient I learned the following history: She has always enjoyed good health, with the exception of a prolapse of the uterus, from which she suffered five years since; a sister has suffered from the same cause, and the mother (whom I examined) has complete procidentia of eighteen years' standing, being compelled to continually wear a suspensory bandage.

Patient is now at full term. Ten weeks since, she awoke one night (Friday), on account of slight pain in the region of the uterus; soon there gushed from the vagina a quantity of blood, which she estimated at a quart. There was no more bleeding until just four weeks later, when, on Friday, the same thing was repeated, and again last Friday. Since the last date she had continued to bleed until last evening, when Dr. Terry was called in consultation, and advised tamponning the vagina.

I found her somewhat pale and weak; pulse 124; tongue coated with white fur. no appetite. No hemorrhage since the application of the tampon. Later in the day, I removed the plug, when there was only a slight oozing of blood; os dilated about one inch, but rigid; left lip tumid, and a piece of the placenta projecting into the vagina. There being no attempts at labor, I washed out the vagina and removed the tampon. Thought that I detected the fœtal heart, but subsequent events proved my mistake. Gave her hypodermic of morphia, gr. ¼. Ordered beef-tea, milk, etc. From this time until labor the tampon was removed every twelve or twenty-four hours.

Wednesday, Jan. 20th. In about the same condition; passed a comfortable night; pulse in the morning 120, in the evening 128; took some nourishment; thought she felt stronger; os remained the same.

Thursday, 21st. The same. In accordance with the advice of Dr. Terry, I gave her Norwood's tinct. verat. viride, gtt. iv., in camphor water, f℥ij. every few hours.

At 9, P. M. Pulse 116; felt comfortable; thought that the waters broke during the morning; os more dilatable. A careful examination detected no signs of life in the child.

Friday, 22d. At 10, A. M., found her very weak and irritable; discouraged; passed a poor night; no labor pains. I procured a set of Barnes' dilators, intending with them to hasten delivery; but she would not consent to their use. Ordered enema of castor oil and tepid water; but little fecal discharge. Continue morphia sufficient to give her rest.

Saturday, 23d. Summoned at 4, A. M. Found that she had had pains since one o'clock. Removed the plug and found the os dilated about one-half, right lip still rigid; no hemorrhage; placenta detached as far as the finger could sweep.

Pains grew weaker, and at 7, A. M., ceased entirely; patient exceedingly restless and irritable. At 8, A. M., introduced Barnes' largest dilator between the head and the right hip, and succeeded in opening the os somewhat. At 9, A. M., labor having made no advance, I sent for Dr. Terry, but before his arrival the pains began again. He advised small doses of tartar emetic; otherwise no interference until the head passed lower down.

At 12 o'clock, the head having passed through the os, and the pains being exceedingly feeble, I etherized my patient (the husband continuing

the management of the ether) applied the forceps and delivered the head. Gave her fluid extract ergot, f.℥j., and attempted to deliver the body, but all the force I dared to exert proved unavailing. I now passed my hand below the child, and tried to pull down an arm, but my strength was so much exhausted that I failed. In the meantime I despatched a messenger for Dr. Terry; as soon as he arrived, he made traction upon the head, but not succeeding, he passed a blunt hook into the axilla, and with considerable effort drew down the arm. This done, the uterus at once expelled the body, and immediately the placenta and membranes. At the same time there was an escape of fetid water and gas from the uterine cavity. Uterus contracted firmly. No hemorrhage from first to last. Child was female, of large size, and evidently dead for some time, as the skin easily peeled off. The placenta was by actual measurement twelve and a half inches long and nine broad; about one-third (the part early separated) was of a dark color and fetid odor, the remainder exsanguinated; the fœtal surface of the placenta was of a dark-green color. Dr. T. at once gave her hypodermic of morphia and solution containing camphor, grs. iv., and carbonate ammonia, grs. xij. to be taken every three hours.

She recovered well from the ether, and at 8. P. M., was feeling comfortable; pulse 128; abdomen somewhat tympanitic, but not tender on pressure.

Sunday, 24th. Had comfortable night; passed water freely; lochia abundant and natural; took considerable nourishment. At 12 o'clock, she was seized with slight chill, followed by hot skin; pain in back; lochia diminished; pulse 140; respirations 24; tympanitis not very great; some pain on pressure over uterus. Ordered verat. viride, gtt. iv., at once, and gave hypodermic of morph., gr. ¼.

At 2, P. M., was seized with violent chill, so that she shook almost as if in a convulsion, lasting fifteen minutes; and followed by profuse perspiration and delirium. Ordered verat. viride, gtt. iv., every two hours, morphia sufficient to give rest, carbolic acid, gtt. ij., every two, three, or four hours. Uterus washed out with weak solution of carbolic acid and warm water thrice daily. Beef-tea, chicken-broth, and later, brandy.

At 9 P. M., pulse 112; resp. 12; lochia scanty; sleeping.

Monday, 25th. 9 A. M., pulse 112; resp. 17; temperature in axilla 103° F. Slept most of the night. Another chill at 2 P. M. Pulse remained about 112 during the day, but rose to 140 at 9, P. M. Turpentine stupes applied to the abdomen.

Tuesday, 26th. Had a chill at 9 A. M., and at 10 o'clock, when I saw her, the pulse was 160, and weak; temp. 103½°; delirious; sweating. Took a pint of beef tea during the night. Ordered veratrum viride gtt. iv. every hour. At 12 M., pulse was 128; resp. 17; temp. in axilla 102½°; tongue growing brown; strength failing. 8 A. M., pulse again 160. Copious discharge of fœces, dark and fœtid; abdomen less tympanitic.

Wednesday, 27th. 7 A. M. Passed restless night; pulse raised from 140 to 160; veratrum viride failed to reduce it. Rapidly sinking, and skin hot; tongue brown and dry; delirious; articulation difficult; brandy and beef tea every half hour; 8 P. M., died.

Autopsy twenty hours after death, made by Dr. Smurr and the writer, in the presence of Drs. Bennett and Darby. Rigor mortis marked; emphysema of entire body. The cavities of the peritoneum, uterus and intestines distended with fœtid gas.

Upon the posterior surface of the uterus, extending downward into the pelvis, and laterally upon the broad ligaments, was a fibrous exudation, with a small amount of serum. Douglas' cul-de-sac nearly obliterated. The peritoneum in this region was of a pale reddish hue; sub-peritoneal connective tissue deeply injected; the external portions of the broad ligaments of dark venous color; upon section clots and venous blood were pressed out. Uterus a little larger than a fœtal head at term, pale and flabby. In its cavity were clots of a dirty-brown color; the hypertrophied portion, where the placenta had been attached, extended from the internal os, upon the left side toward the fundus. Section through this portion disclosed clots in the sinuses, in places breaking down into a fluid purulent in appearance. Pus was also pressed from the sinuses, mingled with blood. The tissue of the uterus of a reddish tint.

From the internal surface of the uterus, on the left side, immediately above the internal os, there projected into the vagina a mass two inches long and one thick. This was apparently of the same structure as the uterus at the placental attachment, but no place could be seen from which it had been separated. Intestines injected in patches; kidneys enlarged, and of a mottled color; capsule easily peeled off; substance of the organ very friable. On section medullary portion was seen deeply injected. Liver of about normal size, pale in color, and

easily broken down. Spleen normal in appearance. Heart and lungs not examined.

The microscopical examination revealed in the fluid scraped from the sinuses and inner face of the uterus, pus corpuscles, fibro-plastic cells, free nuclei, granular matter, and shrivelled blood globules; the exudation into the cavity of the peritoneum, fibrillated fibrine.

Some of the tubules of the kidney were healthy in appearance; others retained their epithelium, the central portion being filled with granular matter; while still others were denuded of epithelium, and filled with granular matter, and a small quantity of oil. Malpighian tufts congested. Cells of the liver somewhat fatty.

This unfortunate case presents a number of points of interest. For four days there was tolerance of the tampon, without the indication of labor.

Again, the retention of the body after the birth of the head, was probably caused by the descent of the placenta about the hips of the child; no other cause presents itself, inasmuch as the pelvis was capacious, and the child's body not unusually large.

Was the little mass hanging in the vagina a portion of the uterus torn off in the delivery of the child? If so, I hardly know how the accident could be avoided in a similar case, since no violence was used, and neither hand nor instrument was put into the uterus. Embryotomy might be employed, but would probably subject the mother to greater risks.

Lastly, the question comes up as to the most favorable time for the delivery of such a woman. Most obstetricians insist upon the necessity of operating while our patients are strong; after the eighth month a sudden hæmorrhage may cost the woman her life, and will at last render her less able to endure the subsequent ordeal. The great success of Dr. T. G. Thomas, of New York, in these cases seems to be greatly owing to his practice of early inducing labor; his main reliance in "partial implantation" is upon Barnes' dilators, or something of the kind; these at the same time open a passage for the child, tear off the placenta, and prevent hæmorrhage. When labor begins, a rupture of the membranes allows the presenting part to come down and press upon the open vessels, as the rubber bag has done.

The adoption of such a course in this case at the commencement of the last hæmorrhage might possibly have given both mother and child a better chance for life. After I reached her, I continued the tampon three days, hoping in the meantime to build her up.

In his lectures upon Placenta Prævia before the College of Physicians and Surgeons, New York, Dr. Thomas thus speaks: "If at the end of the eighth month, the woman could be delivered, the following would be the advantages gained:

"1. We would be dealing with a woman not exhausted by repeated hæmorrhages.

"2. The obstetrician would be in attendance in the commencement of the hæmorrhage, should it occur.

"3. The os may be dilated by hydrostatic pressure, which may entirely prevent hæmorrhage.

"4. We diminish the rise of sudden fatal flow from rupture of large placental vessels. The dangers of induced labor at the eighth month we know to be small for both mother and child. * * * *

"These little bags (Barnes' dilators) are, I believe, in time to supersede all methods in the treatment of placenta prævia, and become the means of saving thousands of lives, which, in spite of all former methods, would have been lost."

INSTRUMENTAL DIAGNOSIS.

By Philip S. Wales, M. D.,
Surgeon, U. S. Navy.

(Continued from p. 435, vol. xix.)

VII. Instrumental Diagnosis of Diseases of the Functions of Refraction and Accommodation.

Before the subject of instrumental diagnosis of the diseases of the functions of refraction and accomodation can be intelligently and profitably studied, it will be necessary to consider some preliminary matter concerning the relation of light to vision, the influence exerted upon it by the different sorts of lenses and by the eye, and lastly, the means by which the latter subserves its purpose in the economy of enabling the mind to take cognizance of the exterior wold.

Light, like the other physical agents, has always been a favorite theme, upon which much has been said and many ingenious surmises been promulgated concerning its nature and its relation to the eye as an optical instrument by philosophers.

There are two theories by either of which its phenomena may be satisfactorly explained. The first, or that of *emission*, sustained by Sir Isaac Newton, is based upon the supposition that luminous bodies emit particles of immeasurable smallness in all directions and in straight lines,

which penetrating the eye act upon the retina and determine the sensation constituting vision. The second, or undulatory theory, advocated by Descartes, Huygens, and others, presupposes the existence of a medium called *ether*, of infinite tenacity, distributed throughout nature, interpenetrating all bodies and impressible by every movement of their particles. In luminous bodies the motion of the particles is supposed to be undulating and communicated to the ether, is propagated by the latter as luminous spherical waves, the undulations of which take place at right angles to their direction.

Of the two theories the latter is now most in favor, as it explains all the phenomena of light in a more satisfactory manner.

Bodies depict themselves variously in their relation to light; those which emit it are said to be luminous, and those which do not opaque. In some the light passes through and enables us to see objects beyond distinctly, and are, therefore, designated as transparent, or diaphanous; some again oppose greater resistance to the passage of light, that so little of it reaches the eye, bodies beyond them cannot be seen; these are then said to be translucent, while others entirely arrest the progress of light and are classified as opaque bodies. Yet it must be mentioned as regards the latter that, though they are opaque in mass, when made up into exceedingly fine sheets they transmit light as do thin leaves of gold and lamina of wood.

Every point of a luminous body emits light, and the radiant lines which it pursues are called *rays;* a number of rays form a *pencil* of light. If the rays proceeding from the radiant point pursue their course equi-distant, the one from another, they are said to be parallel; if they approach each other they are convergent, while these rays which go on separating more and more after leaving their initial point are said to be divergent.

As the eye in its normal state is wonderfully adapted to form well-defined images of external objects upon the retina, in virtue of the influence exerted upon rays of light by the crystalline lens and the other refractive mediæ, it will not be out of place here to consider, first, in what manner this influence is exerted in forming these images; second, what provisions there are for varying this influence that thereon images may always fall upon the bacillary layer of the retina, whether the rays that form them came from a near object or not. In other words, we shall first consider the eye in the exercise of simply a passive function, receiving and refracting rays like ordinary lenses, and then speak of the active power displayed by its muscular structure in accommodating for different distances. In its finer relations the eye assimilates to the ordinary optical instrument called the camera obscura, in the construction of which lenses form the most important feature, and it is chiefly the influence which these exert upon the rays of light that has an important illustrative bearing upon the present subject, and therefore requiring some notice.

Lenses are transparent mediæ, made either of crown or flint glass with curved surfaces, having the property of either increasing or diminishing the conveyance of the rays of light which pass through them. Crown glass is free from lead while flint glass has about three per cent. of this metal, and has also greater refractive power than the former.

There are several varieties of lenses named according to the shape of their surfaces, spherical, cylindrical, elliptical, parabolical, etc., but as the spherical sort is the one the ophthalmologist has the most to do with, our remarks will be confined to them, the same principles that we shall enfold as regards these, will even hold good for the other varieties.

By the combination of plain and spherical surfaces we can at the most form but six sorts of lenses, meridional sections of all of which are seen in figures 1, 2, 3, 4, 5, 6.

The first is the biconvex lens, formed by two spherical surfaces juxtaposed. The radius of curvature of the two surfaces may be equal or unequal.

The second is the plano-convex, the third concavo-convex, the fourth double concave, the fifth plani-concave, and the sixth concavo-convex.

The first three are thicker at the centre than at the periphery, and have a convergent action upon the rays of light; the last three are exactly the reverse of the former, being thicker at the periphery, and have an opposite influence upon the rays of light which they diverge.

It will answer our purpose to describe the influence of but two of the above lenses upon light as representatives of the groups at the

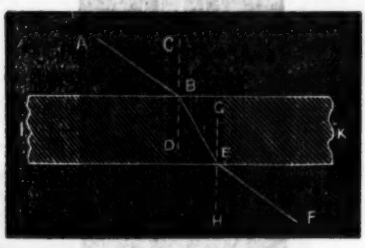
hand of which they respectively stand, the biconvex and the biconcave; the influence of their congeners is identical though in less degree.

The centre of the sphere of which the curved surfaces are sections is called the *centre of curvature*, and the straight line connecting the centres of two such juxtaposed surfaces is designated the *principal axis*. In the plano-convex and plano-concave lenses the principal axis is the perpendicular line let fall from the centre of the curved face to the centre of the opposite face.

The whole subject of refraction of light in passing through lenses can be made more intelligible by supposing the spherical surfaces composed of an infinite number of small planes, every one of which upon one side of the lens having a corresponding plane upon the opposite side, inclined toward it in such a manner as to form a prism. This arrangement we shall endeavor to show in the figure cut, to make the corresponding oblique planes evident to the eye. As the theory is based upon the action exercised by the prism upon light, we shall first explain this before presenting the diagrams illustrative of the action of lenses.

When a ray of light passes into media with parallel faces it undergoes a change of direction; the law is that a ray passing from a rarer into a denser medium is refractive towards a perpendicular line to the surface of that medium; at the point of incidence in passing in the reverse direction it is refracted from a perpendicular at the point of emergence. This is shown in the annexed figure, in which the incident ray *A B* to

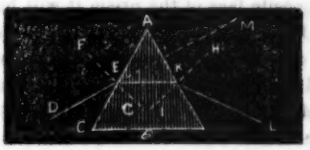
FIG. 1.



the surface of the body *I K* is refracted toward the perpendicular *C D*, while the emergent ray *E F* is refracted away from the perpendicular *G H* in passing from the denser medium *I K* into a vacuum or into the air. By inspecting the figure it will be seen that the incident and emergent rays are in different places but parallel with each other; that they are parallel can easily be proven geometrically by compressing the angles of incidence and refraction formed by the incident and emergent rays with the perpendiculars *C D* and *E F*.

A ray of light passing into a medium with inclined surfaces also changes its direction in accordance with the law announced above. In the figure below is shown the principal action of a prism, *A B*. If an incident ray *D E*, strikes

FIG. 2.



the face, *C A*, at *C* it will be refracted nearer the perpendicular, *G F*, arriving at the point *K*, it will again be refracted away from the perpendicular, *H I*, in passing into the rarer medium so that an object at *L* will be seen by the eye placed at *D*, as if it were at *M*, in the direction of the dotted line *D M*.

Now we can apply the same law to the refraction of lenses and understand the influence they exert upon light, by supposing their surfaces formed of infinitely small planes corresponding with each other in such a manner that each pair, one upon the anterior and one upon the posterior surfaces, form a prism. In convex lenses, by the formation of their faces, these prisms will all have their bases turned toward the centre, and in concave lenses, turned toward

FIG. 3.

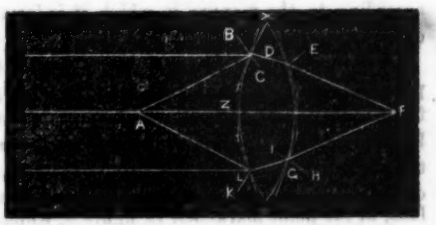
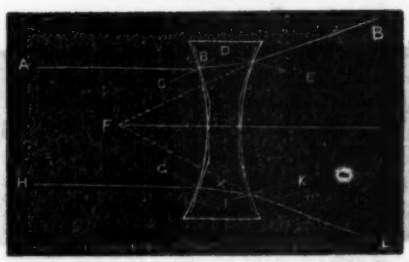


FIG. 4.



the periphery, and as prisms always refract the rays toward their bases, we can readily under-

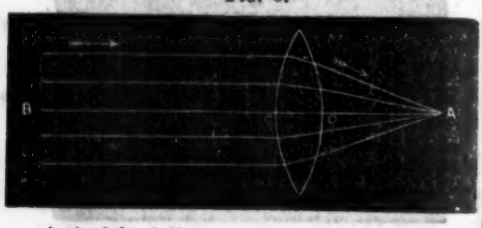
stand that the former class of lenses must necessarily converge the light, and the latter diverge it. In the two following cuts we have supposed a few of these corresponding surfaces forming prisms, enlarged to show their action upon light. The first is a biconvex lens, if the ray *A D*, emerging from the point *A*, strikes the surface *X Z*, it will be refracted at its point of incidence nearer the perpendicular *B C*, when it reaches the opposite face of the prism it will be deviated away from the perpendicular *E C*, and necessarily nearer to the line of axis of the lens which it will cut at some point. In like manner the line, *A C*, undergoes the same change of direction, and will meet the former one at its intersection with the axis. All the incident rays experience similar change of direction by its appropriate prism will converge to the same point which is called the focus.

In the second figure, which shows a biconcave lens, which we have supposed to have its spherical surfaces formed of prisms, with the bases turned toward the periphery of the lens, the incident rays *A B* and *H X*, after undergoing two refractions, will be diverged, and therefore cannot form a real focus; but if prolonged in a direction opposite to their course, they will meet, and form what is called a vertical focus, as shown by the dotted lines.

As we have already stated, lenses will either bring rays passing through them together (converging), or separate them (diverging); the point where they or their continuities met is called the focus, which is designated by various names, according to the manner in which it is formed, or to its position.

In biconvex lenses there are three focuses, the principal, conjugate, and virtual. The principal focus is formed by the union of those rays which have impinged upon the lens in a parallel direction, and having undergone two refractions, as explained above, toward the principal axis of the lens, at the point marked *A* in figure 5, which is the principal focus. The line *A D* shows the

Fig. 5.



principal focal distance, and for the same lens is unvarying, so that we always have in it an exact measure of the power of lenses, which is expressed in inches, as three, five, or seven-inch biconvex lenses, indicating such glasses as will focus parallel rays at three, five, and seven inches respectively.

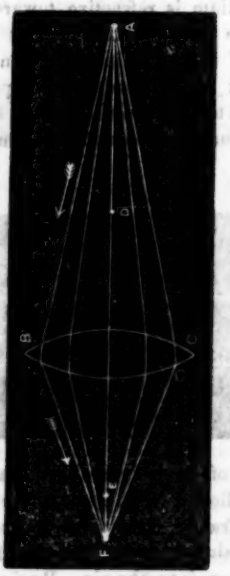
As most lenses now used in this country are foreign, we should mention that French glasses are marked in Paris inches, and German glasses in Prussian inches. The respective equalities can be ascertained from the usual arithmetical tables, so that they may be readily converted, the one into the other.

In ordinary lenses of crown glass, the principal focus very nearly corresponds with the centre of curvature.

The converging power of any combination of convex lenses may easily be determined by adding together the sum of their focal lengths; thus the power of a six and a twelve-inch biconvex united is equal to a four-inch lens, for 1-6 + 1-12 = 1-4.

If the rays, instead of coming from a distant point (which for practical purposes may be considered any beyond five or six feet) and therefore parallel, they emerge from a luminous object still nearer, but beyond the principal focus, say from the point *A* in figure 6. There the

Fig. 6.



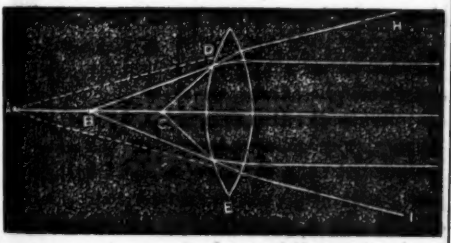
rays are divergent; they will strike the face of a convex lens at a greater angle than if parallel, and will, in consequence, undergo a greater amount of refraction, and be finally brought together at the point *F*, which is beyond the

principal focus *E*; this point is called the *conjugate* focus, so-called to express the relation between the points *A* and *F*, which is such, that if the luminous body be placed in *F*, the conjugate focus will be in *A*, being thus interchangeably connected. If the luminous point is brought nearer the lens, the conjugate focus moves further off, if withdrawn from it, the focus approaches. When the luminous point advances toward the lens until it coincides with the principal focus, then the emergent rays are no longer convergent, but parallel.

To illustrate; if a candle be placed in the principal focus of a four-inch lens, the emergent rays are, as before stated, parallel; if it be removed twelve inches distant, the conjugate focus will be found six inches off, and for all other lenses, such an unchangeable relation exists between these two points.

Let us take another example and suppose, the light placed at *C*, between the lens and the principal focus, as shown in figure 7. There the emergent rays *C H* and *C I* will be diverged, and

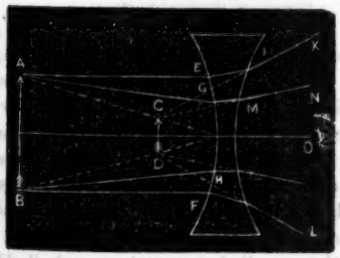
Fig. 7.



hey can no longer form any real focus, but by prolonging them, they will meet in the point *A* on the principal axis, which is called the vertical focus.

The influence of biconcave lenses upon light s such that they never can converge rays to a

Fig. 8.

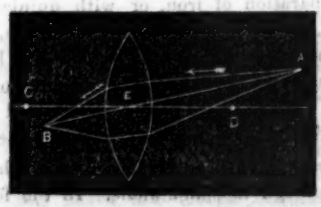


real focus, whatever relation the luminous point may bear to them. Taking as an example, the biconcave lens in figure 8, any parallel ray of light, *A E*, falling upon the surface of the lens will be refracted twice away from its axis, and therefore can find no focus, but if the rays thus refracted be prolonged in a direction contrary to their course, they will meet, as shown in the figure, at *C D*, where an erect and diminished image of the object is seen. This point is called the principal vertical focus, and its distance from the lens the principal focal distance. Divergent rays will be still more diverged in passing through the biconcave lens, and their prolongations backward will meet in a vertical focus upon the axis between the principal focus and the surface of the lens. The distance of the principal focus is the standard of valuation of concave lenses; thus we say, concaves of four, six, or twelve inches, which mean such lenses as will so reflect parallel rays that their prolongations backward will meet in a vertical focus four six, or twelve inches from the surface of the lens.

In ascertaining the focus of a biconvex lens, all that is required is to hold it in the rays of the sun so that its axis may be parallel with them, and then to receive the image thus formed upon a sheet of paper, which should be approximated to or removed from the lens until the image is perfectly distinct; the distance between the glass and paper is the focal length of the lens.

In concave glasses the process is somewhat different. Cover one of the concave sides of the lens with some opaque substance, blue paper or charcoal, for instance, only leaving two little spots free in the same meridinal plane, for the light to pass through. Hold the uncovered side of the lens toward the sun, and receive the images of the little apertures upon a sheet of paper, which is to be gradually removed from the lens until the distance between the images is double that between the two apertures on the lens, then the focal distance is the interval separating the centre of the lens and paper.

Fig. 9.



In accordance with the theory of the formation of curved surfaces by planes infinitely small, already explained, the ray coinciding with the principal axis of all lenses undergoes no re-

fraction, inasmuch as the corresponding planes through which it passes are all parallel. There is, at the intersection of the principal axis with the lens a point through which any oblique ray may also pass unchanged in direction. This point is called the *optical centre*, which in all lenses with a plane face, is situated at the place where the principal axis cuts the curved surface. All lines drawn through the optical centre, without at the same time meeting the centre of curvature, are designated *secondary axes*. What we have said concerning the focus situated upon the principal axis may be also applied to the secondary axis. Figure 9 illustrates the direction of the secondary axis *A B* crossing the principal axis *C D* in the optical centre *E*.

(To be continued.)

NEW REMEDIES.

By G. W. Lawrence, M. D.,

Of Hot Springs, Arkansas.

Professor E. S. Wayne, of Cincinnati, Ohio, has made for me during the past year the following new preparations, which I hope will be found valuable to the profession at large.

Quiniæ Iodo-Sulphas. It has proved to be a desirable *alterative* and *tonic*, serviceable in consecutive syphilis; scrofula, cachexia, neuralgia, some forms of paralysis, and in debilitated conditions of the general system. Given in pill form, or mixed with syrup of sassafras bark or blended with elixir of Calisaya bark.

Iodide of Antimony. An *alterative*, used chiefly in skin diseases, those forms arising from constitutional ills and secretory disturbances. Prescribed with aromatic syrup of dulcamara. I have recently used iodide of antimony as an *anaphrodisiac* with satisfactory results. I combined it with *lupulin*, and gave it in pills every six hours.

Iodide of Manganese. Alterative, administered generally with the iodide, or some other desirable preparation of iron, or with quiniæ iodosulphas, in *anemia* and chloro-anemia, with *resin* podophylin, in chronic, splenic and hepatic derangements. In the alterative agency of manganese, I have fancied that a determined action is exercised on the *ganglionic* system of nerves.

Glycerole Pyrophosphate of Iron. This has name enough to stand alone. In the formula pure glycerine is substituted for sugar, or simple syrup, each fluid ounce (with glycerine) contains *sixteen grains* of pyro-phosphate of iron. This new preparation is *unchangeable* and is one of the most palatable of that family of tonics. I employ it usually as an *eutrophic in that spanæmic condition of the system so frequently provoked by the protracted use and abuse of iodides and bromides of potassium.* Also use it when indicated, in *progressive paralysis, motor ataxia*, in threatening a supposed incipient *ramollissement* of the brain and spinal marrow.

I regard this compound of iron as an important *histological* agent, one that supplies desirable wants, the combining powers, or affinities, affording great *therapeutic* value.

Therapy, in this age of progress, greatly demands our attention. The action of remedies in the human laboratory must be closely investigated. The properties of medicines, so far as the practitioner can comprehend, the mental faculties ken, by attentive, cautious surveys of chemical formula, or practical results will soon be regarded in a new light. The interrogations of the *therapeutist* will be, What is the rationale of such a remedy? What eclecticism is exercised? What real agency does it perform? What forces are aroused? What chemical action produced on the vital battery? All are absolute, and belong to the functions performed by remedies.

Few elements are known that possess such great chemical affinities, or combining forces, as iron and phosphorus, and they play an important part in the human system. In view of that agency, the above preparation (blending the properties) naturally suggests itself to the medical mind. Its chemico-physiological operation should give it prominence as a blood-remedy in cachectic conditions. I give it alone, or combined, as a nutriitive tonic, to repair the supposed wants of the system, or in supporting the organization where we find too rapid growth. In enfeebled nervous and mental states, general debility resulting from alcoholic and sexual abuses, atonic spermatorrhœa, premature senility, and also in functional disorders of the uterus.

At Hot Springs, Arkansas, for a long period my practice has been almost exclusively confined to the treatment of chronic diseases, old constitutional disorders. It is a peculiar practice, chiefly among a class of persons who have been drugged and dosed for a long period, and who are generally disgusted with the medical world, and they resort to the *natural thermal fountains* to escape further medication. They seek the so-called "nature's remedy," oblivious of the fact that all remedies belonging to the different kingdoms of the universe belong to that class, and that it is the object, study, call-

ing of the professional man to guide these agents and adapt them to the various wants or requirements in practice. Sometimes I have been compelled in my researches to go out of the officinal domain or prescribed boundary, to seek for necessary nutritive, alterative, and tonic remedies to meet the exigencies in special cases.

It will be my pleasure to report at an early day, through your columns, the advantages I claim to have gained in supporting the system by a new and active process of nutrition, used in the treatment of certain constitutional conditions, in connection with a class of remedies called *entrophics*, or those agents possessing a direct action on the blood. The subject of the promised article will be *nutritive diaphoretics*.

ACORNS AS FOOD.

By W. S. King, M. D.,

Surgeon U. S. Army, Detroit, Mich.

"If some easy process could be devised by which the bitter principle could be extracted from horse chestnuts and acorns, and these natural products made palatable and available for the food of man or beast, the man who made this discovery would be rendering a very great service."—*London Lancet* for December, 1868.)

The above recalls to my memory a few facts in regard to the use of acorns by the Californian Indians, and their manner of preparing them for food, which came under my observation, which I think may be interesting to some of your readers.

In the summer of 1852 I accompanied two companies of U. S. troops sent out from San Francisco and Monterey, Cal., with Indian commissioners to visit the Indians living among the foot-hills of the Sierra Nevada, with instructions to collect as many of them at certain points as possible, with a view to make treaties with them, and to chastise such as remained hostile, and who had been engaged in murdering the frontier settlers.

After much difficulty and delay, about fifteen hundred Indians, women and children included, were gathered at the head waters of the San Joaquin river. We were informed by the interpreter that these Indians had subsisted for the previous six months almost entirely on acorns. In my long experience with Indians I had never seen any in better condition than were these. By observation and inquiry I obtained the following particulars.

The Indians collect the acorns when fully ripe, and store them in cribs at convenient points. While wandering about, they carry as many acorns with them as they can, and when the supply is exhausted, the squaws make long journies, sometimes several days' travel, to these magazines to procure fresh supplies. We came across several of these acorn cribs, which are circular in form, and made of a framework of branches of trees fastened securely together at the top, the interstices being filled by cross pieces filled in with leaves to hold them securely, and elevated sufficiently from the ground to protect them from the depredations of the bears.

Their manner of grinding the acorns and preparing the flour therefrom, so as to render it edible, is as follows: They select a large flat rock, containing on its surface holes, either naturally or artificially made. These holes are usually about six inches deep, from six to eight inches wide at the top, narrowing gradually to the bottom. The acorns, divested of the shell, are placed in them and pounded fine by heavy stones of a conical shape. This labor, performed exclusively by the Indian women, is hard and slow work, and I have often seen a dozen at a time engaged at it day after day, on a large rock on the bank of the San Joaquin river, near our encampment. By this process the acorns are ground fine. The fine flour is separated from time to time by scooping out the flour with one hand, and dashing it against a grass mat held in the other; the fine flour adheres to the mat, and is brushed off into a basket, while the coarse rolls off into the hole, to be again pounded. When the flour is ready, a large basin is made on the ground, like a mortar bed, about three or four feet in diameter, a little narrower at the bottom, and the sides are eighteen inches in height. The inside is then made smooth by the hands. This basin is filled with water heated to boiling by putting into it hot stones, heated almost to redness over a fire near by.

The acorn flour is then added and stirred for several hours, and then left to settle. The water is then drawn off, and the flour, of a jelly-like consistence, is found adhering to the sides and bottom of this earthen basin, and is carefully scraped off by the hand. It is now sweet and nutritious, the bitter principle of the acorn having been driven off by the heat. I have often tasted it, and found it quite palatable. It may be eaten in this state, or rolled out in small loaves, and baked into bread. Sometimes it is rolled up into pieces of convenient size, and allowed to remain for several hours in shallow water where there is a slight current, which removes any foreign matter, and renders it still

sweeter by removing any bitterness that may remain.

Upon this food these Indans rely almost entirely for their subsistence a greater part of the year, necessity having taught them how to make it palatable, and thus they are enabled to live where the *white* man, with similar resources, would be very apt to consider certain starvation inevitable.

It is well known that the Apaches in Arizona are very fond of the acorn, and lay in a supply annually for their winter consumption. An edible variety used by them, called *bellote*, is an important article of commerce between them and the Mexican population, who are very fond of them.

I hope what I have written may be of some service in showing more fully than is known generally, that the acorn is highly nutritious, and no doubt has an essential oil perhaps valuable as a medicine. It is certainly well worthy of attention as an article of food capable of supporting a large population, as it actually does in our own country, when other means are insufficient.

Hospital Reports.

Pennsylvania Hospital, *Philada., Nov.* 14, 1868.

Clinic of J. M. Da Costa, M. D.

Reported by Dr. Napheys.

Post-Mortem Specimens.

1. *Large Vomica.* The colored woman from whom this specimen was taken had had a cough for four or five months prior to her admission to the hospital, and had lost two or three pints of blood at one time. She stated that this violent hemorrhage was excited by a fright. She was brought into the hospital very much exhausted by the hemorrhage. She was placed on sulphuric acid, kept perfectly quiet, counter-irritation applied over the lung, nourishing food administered, and after a day or two it appeared that reaction had fairly set in. She was comfortable, complaining particularly of nothing, when it was noticed that her breathing became shorter and shorter, and signs of exhaustion appeared. At the same time there was found evidence of marked congestion of both lungs, with even some slight solidification at the back of the right; notwithstanding she was then placed on stimulants and the use of active counter irritation to the chest, she sank.

The post-mortem reveals a curious condition of the lung structure. There is an enormous cavity, occupying the whole of the upper lobe of the left lung. It looks like a large sac, no portion of the lung structure being left. So large is it and so perfect and smooth the walls, that were it not for the light thrown on its true nature by the other portions of the pulmonary structure, it might be concluded that the case was not one of tubercular disease at all but of pulmonary abscess. But an examination of the other parts of the lung, entirely prevents any such error.

The exciting cause of the violent hemorrhage was doubtless the abnormal state of the circulation produced by the fright, which gave the finishing strokes to a vesssel about to give way, which might otherwise have held its own for some time, the large vessels and portions of the connective tissue being the last to disappear before the constantly progressing ulceration. No softening elsewhere in the lungs.

Looking at the other portion of the lung, the proof of the cavity having been tubercular is apparent. Little granular linear masses are deposited in the lower part of the left lung, which was the seat of heavy congestion. If the woman had survived the shock, she would have shortly died of rapidly developed acute phthisis in the lower lobes of the left lung. The right lung is also partly tubercular and heavily congested; in parts the congestion having passed into some solidification.

This is a specimen of what might almost be called tubercular pneumonia, that is a low state of exudation with begining tubercle. This is a state of things that frequently precedes a more active development of tubercular disease, when that active development assumes an acute type.

The heart presented nothing peculiar in its structure, but it was filled with heart clots. It is an interesting question whether or not the rapidly increasing dyspnœa of the last two days, the almost sudden change which took place in her symptoms after reaction had appeared fairly to set in, were not really due to the formation of clots in the heart. This is a mere suggestion, however, for on this point the post mortem evidences are not very conclusive, it being impossible to determine whether the clots were of ante-mortem formation.

2. Concrete Abscess of Liver following Chronic Diarrhœa.

The patient from whom this specimen was taken, Annie E., æt. 21, was admitted to the hospital on the 3d of September. On admission,

a small, hard, slightly nodulated tumor was found to occupy the epigastric region, which she stated had been larger before admission. She complained of a good deal of pain in this mass. She had had severe chills occurring irregularly. There was an obscure history of an hereditary tendency to phthisis, yet a careful examination of the lungs failed to reveal anything like marked tubercular disease. It was found, however, on tracing her history, that she had had constant diarrhœa accompanied by much pain, and this diarrhœa preceded the development of the tumor. This diarrhœa was found to be of a peculiar kind, for on examining the stools it was repeatedly noticed that they consisted largely of undigested food. She became wretchedly emaciated, to an extent rarely seen, except in the last stages of phthisis, and in the very last stages of chronic scorbutic diarrhœa. With this frightful emaciation, there existed the constant diarrhœa and constant and progressive loss of strength. As regards the tumor, it was observed that this hard nodulated mass, situated chiefly in the epigastrium, became apparently smaller and smaller instead of, as might readily be supposed, becoming more and more marked with the dwindling away of the abdominal parietes. This reduction in size went on so that in the last examinations made not long before her death it was almost impossible to perceive what previously had been quite a distinct tumor. It only remains to add, that tenderness existed over the swollen mass, and that during life it was always connected closely with the left lobe of the liver.

The post-mortem shows the liver to be a small one. It is hard, and presents that appearance of congestion which is spoken of as so-called nutmeg liver. But the most interesting point about it is the presence of a deposit which is believed to be pus. It is true that to speak positively upon this point, it would be necessary to examine it with the microscope, (which there has not been time to do) as it is barely possible that the oily yellow masses are really encephaloid in character. Yet the appearance is here so utterly unlike that usually met with in encephaloid or cancerous liver, which is almost invariably a liver of large size with hard nodules, that there is no hesitation in pronouncing the specimen not to be cancerous, but an abscess of the liver of that peculiar form in which the pus has become almost concrete. There is nothing like a large abscess anywhere. This diffused abscess of the liver is very rare in its occurrence.

On examining the intestine it is found that the whole of the large intestine is the seat of small thickened superficial ulcers. The small intestine is heavily congested, but not ulcerated nor thickened. The disease is almost entirely limited to the larger bowel. The kidneys are slightly granular. There is a very small mass of tubercle at the apex of one lung, but the lungs may be pronounced to be good specimens of healthy lung structure, not even congested, rather anæmic than otherwise.

What was the cause of death here? What the explanation of these pathological specimens? Looking back on the history of the case, and viewing it in connection with the evidence which the post mortem affords, there can be little hesitation in admitting that this is one of those cases in which abscess of the liver follows chronic diarrhœa or dysentery. The occurrence of this has been long mentioned by authors, particularly those writers who have seen much of abscess of the liver and of dysentery in the East Indies. There both the army surgeons and civil practitioners have long taught that a connection exists between intestinal affections and hepatic disease. But it has not been so very long since we have learned to trace that connection a little more closely than the broad fact just mentioned indicates. On fine dissection, it has been found that the venous radicals take up little particles of disintegrating texture in the intestines, which particles, finding their way through the portal circulation into the liver, become imbedded in the structure of that organ, and thus lead to secondary small abscesses. In other words, the occurrence of abscess of the liver, of the peculiar form here represented in its most typical manner, namely, small abscesses here and there, metastatical, as they were formerly called, is really due to the establishment of foci of inflammation by the plugging up of some of the venous radicals in the liver with matter which has found its way from the inflamed and swollen intestines. This, then, is one of the dangers of chronic diarrhœa and dysentery. Moreover, a knowledge of this furnishes an explanation in cases of diarrhœa and dysentery in which obscure hepatic symptoms exist with irregular chills. Such chills should not of necessity be connected with malarial disease, but the possibility be borne in mind of their being really of pyæmic origin.

As regards the diagnostic points of the case, when a swelling is found in the hepatic region which is hard and nodulated, it is generally cancerous. But when that swelling decreases under observation, when, moreover, there exists a marked history of intestinal trouble, then the supposition of metastatic abscesses will be much more likely to be correct than that of cancer.

Another point of interest in this case is the explanation of the peculiar kind of diarrhœa and of waste that has latterly been so marked. This is found in the state of the mesenteric glands. These glands have undergone a complete fatty degeneration. They were incapable of performing their function, no healthy chyle could there be elaborated, as the gland structure was almost destroyed. Hence the food, of course, passed undigested from the alimentary canal. An analogy to this condition is found in the diarrhœa so frequent in children with marasmus, but in adults this state is of rare occurrence.

The post mortem of this case has been of interest, partly as showing clearly the connection of dysentery with liver affections, and partly as giving a clear insight into the cause of the diarrhœa in which the food was not properly digested.

Medical Societies.

MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA.

On January 27th, the new Hall of the Medical Society of the District of Columbia was dedicated with appropriate ceremonies. The hall, which has just been completed, is located on the south side of F street, west of Tenth street, and is one of the finest in the city of Washington. The building is three stories high, with a handsome pressed-brick front. The first story embraces two very fine stores, with large glass-windows; and the third story is divided into lodging rooms, connecting only with the adjoining building on the corner of Tenth street.

A large number of persons were present, and several interesting addresses delivered.

Dr. Wm. P. Johnston said: The objects of the Society in creating this building were six:

1. The advancement of Medical Science.

2. The cultivation of a taste for Medical Literature.

3. The establishment of more social and fraternal feeling among its members.

4. The promotion of that strict morality which our vocation inculcates, and the development of that exemplary and high-toned professional character to which the medical man should ever seek to attain.

5. The establishment, under the direction of this Society, of a Dispensary for the city of Washington.

6. The accomplishment of the great end for which the medical art is cultivated, which is to secure in the best possible way the interest of the public, by raising the standard of medical learning, and by cultivating those graces and ornaments which render the medical man most acceptable and useful in his relations to the public.

Dr. J. M. Toner, Librarian of the Society, delivered an excellent address, urging the claims of the library upon the attention of persons present, and gave a number of statistics of the medical libraries in our country.

OTSEGO CO. (N. Y.) MEDICAL SOCIETY.

The semi-annual meeting of the Otsego County Medical Society was held at Schenevus on the 19th of January, Dr. Cook, President.

Dr. Ball exhibited a case of septic poisoning, followed by necrosis of the left fore-finger; and amputation being generally advised, he removed the same, the patient having been first placed under the influence of ether.

Dr. Lathrop moved that hereafter, at such intervals as may be deemed advisable, this Society shall cause to be used a bulletin, to embrace only matters of a local character and interest relating to the profession and practice of medicine; and that the first number be published before the next semi-annual meeting. After a full discussion, the motion was unanimously adopted.

The Society then adjourned to meet at Cooperstown on the third Tuesday in July next, afternoon and evening. Thereupon the Schenevus band honored the occasion by a serenade, performing several pieces in a style that did great credit to so recent an organization. At the close of this the Society "changed base" to the house of Dr. Houghton, where, after grace by the venerable Dr. Drake, they *fell to* in a way to convince the incredulous that *handling the knife* was a part of the business they well understood.

Horace Lathrop, Secretary.

A Milk Diet in Disease.

M. Leclerc and Professor Hirtz of Strasbourg have endeavored to study accurately the use of an exclusively milk dietary in disease. The quantity of milk calculated for an adult is four pints daily. It should be examined as to quality. Milk is an aliment of easy and rapid digestion, which leaves little residue, favoring diuresis. This *régime*, strictly followed, has rendered great services, especially in organic affections, ulceration, of the digestive tube, hypertrophy of the heart, and dropsies.

Editorial Department.

Periscope.

Chloroform v. Ether.

The Boston *Medical and Surgical Journal*, September 3d, 1868, contains the following discussion before the Middlesex, Massachusetts, North District Medical Society, which, considering the locality, is quite suggestive.

Dr. Burnham, of Lowell, read a paper on *Chloroform, its advantages over Ether as an Anæsthétic.* He showed that chloroform is safer and is attended with none of the baneful after results which often follow the use of ether, such as insanity, epilepsy, convulsions, etc. He cited cases in his own practice which seemed to fully substantiate his assertion. He condemned the use of a mixture of chloroform and ether, and the alternate administration of the two anæsthetics as being fraught with more danger than either alone. He said the disadvantages of ether were;—1st, that it causes violent struggling, often requiring three or four strong men to hold a delicate female; 2d, that it produces a copious secretion of mucus from the lungs and bronchiæ, rendering it necessary to wait for the patient to free his lungs and thereby avoid impending death from asphyxia; 3d, that it is a powerful stimulant and causes congestion of the brain, which is liable to eventuate in apoplexia or paralysis; 4th, that it requires a much longer time to produce anæsthesia, and the patient's sleep is more disturbed and much less tranquil than that occasioned by chloroform; and, finally, that it gives origin to subsequent attacks of insanity, epilepsy and other spasmodic affections. Chloroform, he said, is free from the above objections, and, if properly administerted, is devoid of danger. His method of giving chloroform is to place a folded linen handkerchief in the bottom of a common bowl, pour upon it a fluid drachm of the anæsthetic, invert the bowl over the patient's face, keeping the handkerchief away from the nose and mouth by means of two fingers inserted within the bowl. The patient should be brought rapidly under the influence of chloroform, and the bowl should not be taken from the face until anæsthesia is produced, except to renew the chloroform; generally from one to three fluid drachms will be required to bring about anæsthesia. This state may be known by the snoring of the patient as in natural sleep; then the bowl should be taken *entirely* away from the patient's face, and the proposed operation commenced. It is more necessary to watch the respiration of the patient than his pulse, and to be very careful and not allow him to inhale enough to bring on the stertorous breathing of apoplexia instead of the snoring of natural sleep. None but a physician should be allowed to administer chloroform for any protracted operation, and he should know how to give it properly. Never trust a student with the administration of it, for he will become interested in the operation, neglect his duty, and allow the patient to become fatally narcotized.

Dr. Dow, of Westford, stated that while in the Western Army during the late war, he had given chloroform and seen it given in numerous instances, but had never seen any ill effects attending its use. He said the Western surgeons had a theory that Western men bore it better than Eastern.

Dr. Spalding, of Lowell, said he was in the habit of giving chloroform and ether alternately in the same case.

Dr. M. G. Parker, of Lowell, said he ordinarily used a mixture of one part chloroform and two parts ether.

Dr. Smith, of Lowell, thought that it would be safer to give chloroform and ether in the atomized state, as the proper intermixture of air would thus be insured.

Dr. Bass, of Lowell, stated that he considered chloroform equally as safe as ether and greatly to be preferred in practice. The violent struggling which ether so often occasions is a great objection to its use, necessitating the presence of several assistants to keep the patient in subjection.

Dr. Gilman, of Lowell, remarked that he had generally used ether alone, or a mixture of it with chloroform, and he had found that it was best not to use much constraining force in those cases that come under the influence of ether with difficulty, for the violence of their struggles is almost always increased by any effort made to restrain them. Most refractory cases will become calm if the ether is taken away a few moments, and on resuming it will take it kindly and pass under its influence without further trouble. He mentioned a case which seemed to show that a continued use of ether will cause insanity. While on duty at a General Hospital in Washington, he made the acquaintance of a surgeon who had acquired the habit of inhaling ether for its exhilarating effect, and who finally became insane, and was taken to an asylum.

Dr. Burnham said, in answer to a question, that there were patients who, on account of idiosyncrasy or disease, will bear ether who will not chloroform, and *vice versa*, and there were some cases in which neither should be used, but for the generality of cases chloroform is to be preferred to all known anæsthetics.

Bisulphide of Carbon as a Remedy for Headache.

In a communication to the *British Medical Journal*, (June 13th), Dr. George Kennion, of Harrogate, calls attention to a very simple remedy in many kinds of headache, viz., the Bisulphide of Carbon. He says:

"Its mode of application is no less simple. A small quantity of the solution, (about two drachms), is poured upon cotton wool, with which a small, wide-mouthed, glass-stoppered bottle is half-filled. This, of course, absorbs the fluid; and, when the remedy has to be used, the mouth of the bottle is to be applied closely (so that none of the volatile vapor may escape) to the temple, or behind the ear, or as near as possible to the seat of pain; and so held for from three to five or six minutes. After it has been applied for a minute or two, a sensation is felt as if several leeches were biting the part; and, after the lapse of two, three, or four minutes more, the smarting and pain become rather severe, but subside almost immediately after the removal of the bottle. It is very seldom that any redness of the skin is produced. The effect of this application, as I have said, is generally immediate. It may be applied, if necessary, three or four times in the day.

The class of headaches in which this remedy is chiefly useful, is that which may be grouped under the wide term of 'nervous.' Thus neuralgic headache, periodic headache, hysterical headache, and even many kinds of dyspeptic headache, are almost invariably relieved by it; and, although the relief of a symptom is a very different affair, of course, from the removal of its cause, yet no one who has witnessed, (and who of us has not seen?) the agony and distress occasioned by severe and repeated headache, but must rejoice in having the power of affording relief in so prompt and simple a manner.

As regards the *modus operandi* of this remedy, it is difficult, perhaps, to form a certain opinion; but I am disposed to attribute it to the sedative effect of the vapor of the bisulphide, absorbed through the skin, and acting upon the superficial nerves of the part to which it is applied. The remarks of M. Delpech, (*Annales d'Hygiène* Jan. 1863,) point out very clearly the remarkable prostration of the whole nervous system produced in workmen, who, in certain manufactures, are exposed to the vapor arising from a solution of the bisulphide of carbon; and we can readily understand that a somewhat similar effect, upon a small scale, may be produced by the application of this vapor to a limited portion of the surface."

Stillingia in Syphilis.

Dr. J. C. M'Mechan, Cincinnati, Ohio, contributes the following to the *Western Journal of Medicine*.

"In the *American Medical Recorder* for April, 1828, (vol. xiii., page 312,) Dr. Simons recommended the use of stillingia in secondary syphilis, in place of mercury. This article, at the time, attracted considerable notice, and the drug came into popular use. Doctors Lopez and Frost also wrote in favor of its use, and confirmed the views of Simons in regard to its efficacy in syphilis.

For the past few years, owing to some unaccountable reason, it has been seldom prescribed.

We have used the drug in a certain form of syphilis, and with the finest results, and have seen Dr. Dawson, Surgeon to the Cincinnati Hospital, prescribe it frequently, with the most marked effect, when other remedies had failed.

The form of syphilis in which it is most useful, is secondary, where the symptoms of tertiary are just beginning to manifest themselves, but it is also useful later in the tertiary form, in combination with iodide of potassium.

In secondary syphilis, in broken down subjects, mercury is, of course, objectionable, and if administered, cannot be carried to the point where it would have a marked effect upon the syphilis eruption. If mercury cannot be administered, there are but few remedies left to prescribe, and the principal ones, perhaps, are sarsaparilla, and iodide of potassium. The latter remedy is very good in the tertiary form, but in the secondary, it has been found almost inert, having but very little, if any, effect upon the eruption. Sarsaparilla, at one time, had quite a reputation, and it was thought next to impossible for a patient to recover without its administration. It is now seldom administered, except for its moral effect, unless outside of the regular profession. Now, in primary, we have iodide of mercury, (and in healthy subjects it is the proper remedy in secondary), and in tertiary, the iodide of potassium. But here is a vacancy. What is the remedy in secondary when the patient is broken down in health, or when mercury has been used without

effect? There is but one remedy in the materia medica that can fill the vacancy properly, and that one is stillingia. For broken down patients with the syphilitic eruption, to patients on whom mercury has had no effect, and to patients in whom the bones have become affected and the secondary manifestations still continue, let this remedy be given."

Assafœtida Suppositories.

In the *American Journal of Pharmacy* for September, 1868, is a paper by J. B. Moore, containing the following valuable practical matter.

Suppositories of assafœtida are very difficult to prepare, owing to the *resin* of the fresh drug not being miscible with melted butter of cacao. This has proved an almost insuperable obstacle to their successful manufacture. It being utterly impossible, by any of the usual means, to retain it in intimate mixture with the cacao butter, in the liquid state, long enough to pour into the moulds, the resinous portion would separate and obstinately adhere to the bottom of the vessel, notwithstanding the most careful and varied manipulation.

To prepare assafœtida suppositories of medium strength:

R.	Assafœtidæ purificatæ,	ʒiij.*
	Liquoris potassæ,	gtt. xxij.
	Ol. theobromæ,	ʒv.

Rub the liq. potassæ in a mortar with the purified assafœtida, until well and smoothly mixed, then gradually add the butter of cacao in small portions at a time, and incorporate thoroughly until about one-half is added; then add the remainder, which may not be so carefully mixed; then proceed to prepare one dozen suppositories in accordance with directions given in the writer's essay upon suppositories, on page 225 in May number of the *Journal of Pharmacy*. They should be cast in moulds of 35 grs. (cacao butter) capacity.

As thus prepared, *each* of these suppositories contains, when the whole process has been carefully and skilfully managed, the *entire* active properties of *fifteen* grains of assafœtida, and are beautiful and elegant in appearance. Suppositories of almost any desired strength, from one to twenty-five or thirty grains, can be made with the greatest facility by the above process.

The use of liq. potassæ in the foregoing process I consider entirely unobjectionable, as it is in too minute a quantity to produce the slightest irritation, and being wholly saponified—if not entirely so by the resin and volatile oil, it is by the fatty acids of the butter of cacao. I should think its tendency would be beneficial, rather than otherwise, by increasing the solubility of the resin, and rendering it more easy of absorption; consequently promoting the activity of the drug.

As far as I can learn, druggists generally, who have a demand for suppositories of assafœtida, are in the habit of preparing them from the powdered drug, to avoid the trouble encountered in using the fresh tears. Powdered assafœtida must be almost, if not entirely inert, when administered in this form, being nearly, if not quite devoid of volatile oil, and the resin in a state unfavorable to absorption.

* Purified by solution in alcohol, etc. Assafœtida in tears may be used instead.

Singular Case of Lactation by an Old Woman.

Dr. Wm. A. Gillespie, of Louisa county, Virginia, communicates the following case to the *Boston Medical and Surgical Journal*, of August 20th.

"Mrs. Arnett, a widow from Tennessee, aged about 60, came to Virginia with her youngest daughter, to get a legacy left her by her father's will. The daughter, about 30 years of age, was unhealthy, of a sallow, waxy complexion, with an enormously enlarged spleen. Soon after coming to Virginia, the daughter married a young man named Crocket, became pregnant, in due time was delivered of a small, feeble child, and in about two months died. Her mother, Mrs. A., a robust, healthy woman for her age, took the child and tried to raise it by feeding. The child's bowels became disordered; she could not procure a wet nurse, and I advised her, as she had large full breasts, to apply the child to her nipples, telling her I thought milk would come, and nourish the child, and that I had read a similar case. She followed my advice perseveringly, and to her astonishment, a plentiful supply of milk was secreted. She nourished the child in this way until it was nearly two years old; it became strong and healthy, when she removed back to Tennessee, with the child."

Treatment of Hysteria at Rudolf Hospital, Vienna.

Suphate of aniline has been used for this disease in the female, and in a case of pain of lower extremities which could not be traced to a particular cause, with the effect of producing cure.

Four grains were given daily in powder, and the patients were cured in a few days. *Wiener Med. Presse*, No. 37, 1868.

Medical and Surgical Reporter.

PHILADELPHIA, FEBUARY 13, 1869.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

MEDICAL MATTERS IN SYRIA.

Dr. Henry S. West, of Binghampton, N. Y., who for the last ten years has been physician to the Syrian mission, recently returned on a visit to his native town, and was there the recipient of the hospitable attentions of the Binghampton Academy of Medicine.

The centre of his professional practice abroad has been at Sivas. This city, anciently called Sebastia, and supposed to have been the residence of Mithridates, King of Pontus, is about 450 miles to the south-east of Constantinople, in Asia Minor. It is situated on a broad plain through which the river anciently called Halys, now named Kuzzle Urmak, or Red river, takes its way to the Black Sea. As its elevation above the level of the sea is some 4000 feet, its climate is quite cool and salubrious. In towns in the elevated regions like Sivas the people are robust and ruddy. In those of the lower and hotter regions, miasm is rife, and the peculiar sallow complexion and feeble organization are the result. Scrofula is exceedingly common where miasm prevails. This no doubt is increasing very much in many towns by the intermarriage of scrofulous families. In Tocat, for example, affections belonging to this family of diseases have increased within the last decade. Hundreds, probably thousands, go to their graves annually there from consumption and other tubercular affections. The population of the city is both deteriorating and diminishing from this cause. Dr. West had a large experience in the treatment of miasmatic disease, and found quinine the sheet anchor on which he could rely.

Dr. West also gave a classification of diseases, his treatment of them, etc., referring to fevers as endemic in Asia; to small-pox as almost universal; to measles, that are very severe; to diphtheria, which he had not heard of there; to the ravages of cholera; to inflammatory diseases, as not differing from what we find them here; to cutaneous diseases, as very common; and to a peculiar skin disease known as the Aleppo button, or as the natives call it "year sore," from its duration. Its cause was evidently atmospheric.

Midwifery in Asia, Dr. West said, is in the hands of ignorant women. Oriental physicians are never consulted in such case. Prolapsus uteri and similar troubles are rarely heard of. Of the native practitioners, he spoke as follows:

The native medical practitioners of Asia Minor are generally without education. They are mostly Armenians and Greeks. Their profession descends from father to son, like most of the trades and occupations of the land. They have their drug shops in the market, which they keep well supplied from Constantinople. Many of our drugs are indigenous there, as opium, hyoscyamus, conium, rhubarb, cherry, laurel, castor oil bean, etc. Many of the physicians have a large practice and accumulate wealth. They are mostly routine practitioners, dealing largely in blood-letting, emetics, and purgatives for all forms of disease. They however recognize the regular profession as the standard, and are glad to call on me to prescribe for their patients, at the request of the latter, and they are generally ready to follow my advice. There are no systems of quackery in the East as in this favored land. The people, however, have been in the habit of resorting much to various charms, incantations and prayers to remove disease. They have the idea that insanity, convulsions and most forms of nervous disorders are caused by possessions of evil spirits, for the removal of which they have generally been in the habit of resorting to their ecclesiastics, who are supposed to be able to exorcise the demons by their prayers.

A GOOD MOVE.

The physicians of Millville, New Jersey, have adopted the following sensible resolutions, which we should like to see universally held:

"1. That when the patient has received the last visit, the Physician shall leave his bill.

2. That we have employed a collector, and if the bill remains unsatisfied ninety days, it will be placed in his hands for settlement.

3. That the said collector shall not retain the account more than six months, when, if unsatisfied, it shall go into the hands of a Justice of the Peace, and if not liquidated in three months, the person's name for whom the bill was made, shall be placed on a *Black List*, of which each Physician shall have a copy. (A person's name on the black list cannot receive our professional services unless all arrears are paid, or by an order from an overseer of the poor.)"

Notes and Comments.

Medical Matters in Indiana.

The *Western Journal of Medicine* makes the following remarks on medical changes proposed in Indiana.

"Three bills, in which the medical profession are especially interested, are now pending in the Indiana Legislature. The first is entitled 'An Act to protect the citizens of Indiana from Empiricism, and elevate the standing of the Medical Profession.' This act has passed its second reading, and probably will become a law, so far as legislative action is concerned, (though we hope not, unless some material alterations are made,) before this number of the *Journal* reaches its readers. It makes it 'unlawful for any person who has not attended two full courses of instruction and graduated at some school of medicine, in the United States or some foreign country, or cannot produce a certificate from a State or County Medical Society, and is not a person of good moral character, to practice medicine in any of its departments, for reward or compensation, for any sick person in the State of Indiana; provided, that in all cases where any person has been continuously engaged in the practice of medicine for a period of ten years or more, he shall be considered to have complied with this act, and that when persons have been in continuous practice of medicine for five years or more, they shall be allowed two years in which to comply with such provision.' The second section of this act recounts the penalties for its violation—not less than fifty dollars, nor more than one hundred dollars for the first transgression, and for the second, thirty days in jail, besides the fine; and in no case can any fee for professional services, rendered by the offender, be collected, and concludes by stating that dentists are exempt from the action of this law.

"The other two bills to which we refer, are one in reference to the establishment of a medical department of the State University, and the other for the registration of medical practitioners in each county auditor's office every year, a fee being paid by every one thus registered, (he at the same time specifying the school to which he belongs), these fees to be distributed to the different county medical societies. This last bill was prepared by our friend Dr. Hibberd, and we hope he will give in the next number of the *Journal* some details as to it."

Surgeons on Railways.

An arrangement has been completed on the Philadelphia and Erie Railroad which does credit to the humanity of its management. It is the appointment of a corps of surgeons along its line, under the direction of a surgeon-in-chief, who appoints an assistant in every town along the line in which the services of a surgeon may be required.

The object is to secure to any employee of the road who may be injured, the best of surgical treatment, and also to have a thorough organization to be called on in case of an accident on the road. The best surgeons along the line have been appointed by the chief, Dr. H. A. Spencer, of Erie, Pa.

The Value of a Medical Diploma.

Qualified assistants are still, we presume, says the *Brit. Med. Journal*, articles of very cheap attainment, for we observed recently two advertisements for qualified assistants to dispense, visit, and attend midwifery, at the rate of £50 per annum, in-doors. These are just the wages of a good London footman. It is not uncommon to see many such advertisements; and with such prospects as these before them, it is difficult to understand the number of educated men, who at the age of 17, already having spent some hundreds on their education, are preparing to spend from £500 to £1000 more, and to pass four years in acquiring the knowledge which shall entitle them to seek, by advertisement, an "in-door situation, with midwifery and dispensing, at £50 a year." Nothing can show more conclusively how wretchedly underpaid and overstocked is our professson, than that it should be necessary to offer such terms, and that many should be found willing to accept them. At any rate, we think that parents and guardians, who are about to commit their charges to such a future, should pause and scan our advertising columns, the records of boards of guardians, and of the Medical Benevolent Fund, before they take the final step. The medical profession is overstocked and underpaid.

The Therapeutic Effects of Lupuline.

M. Ménu finds that the resin of hop, in the dose of twenty to thirty grains, produces often an intense headache; sometimes nausea, and even slight vertigo; and always a state of insensibility, lasting several hours, but without hallucinations such as haschish causes. Each time he has found a subsequent and notable increase of appetite.

Correspondence.

DOMESTIC.

Eclampsia Puerperarum.

Editors Medical and Surgical Reporter:

I cannot refrain from presenting an item of reference containing a synopsis of my own views in regard to this subject. Those cases placed on record in your Reporter, as related by Drs. Blackwell and Klingelhœffer in connection with many others that are, and that are not, before the public are sufficient in my belief to put the profession at large on their guard against tampering with human life, especially to the inconsistent tune of homœopathic do-little measures. My opinion is that human lives are as valuable to-day as ever, and that in conditions like the above, favorable for, and apparently demanding it, full and efficient depletion with a broad shouldered lancet should be resorted to, notwithstanding the current ideas and admonitions of a few timid novelty writers. Let our mode of practice be based upon, and spring out of the long familiar and successful experience of sound theorists, and then if we meet with a desire to amend, reconstruct or what-not, we have a foundation laid from whence to proceed with due composure, feeling and knowing that we are justified in striving (not neglecting) to save lives that are precious indeed.

A paralell case now occurs to my mind which happened in my then immediate neighborhood, and which I will insert by way of illustration. Mrs. G. S., of V., Ill., in the month of April, 1867, a brief period prior to her anticipated confinement, was seized with and exhibited all the symptoms of eclampsia puerperarum.

Three physicians were called in attendance, when the anæsthetic and hypnotic agents were used freely, both alternately and simultaneously, but all to no effect whatever. The wife of the Rev. J. D. Smith, a lady possessed of good common sense, being present, and witnessing the ill effects of the above measures, as persevered in, together with the appearance of the patient, gave it as her decided opinion that a good bloodletting was actually necessary; but nay, you could not befog the minds of those sages, and the result was that death introduced itself and tranquilized the scene. The child was still-born during a paroxysm.

In conclusion, I will present within the limits of brevity another case not materially unlike the one just given, but which terminated with different results, consequent, as I believe, upon rational treatment.

In the month of December, 1867, I was summoned to visit a lady, who, as the messenger stated, was "having fits." Upon arrival there, I ascertained that but a few hours previous she had given birth to a child, and that a true type of puerperal convulsions was obviously characterized, of which she had undergone a series of nearly thirty in number. Therefore, immediately upon examination, I opened the median cephalic vein, taking one and a half pounds of blood at once, with a determination of repetition if necessary, but after two additional paroxysms of much less intensity, a permanency of cessation was plainly marked, and therefrom consciousness gradually returned with rapid improvement, until my services were no longer required.

Finally, I entertain the idea that in all cases requiring it, phlebotomy should be practised, whether in puerperal convulsions, apoplexy, or pneumonitis. I could, were it not for intruding upon your valuable columns, produce a grand array of testimony all confirmatory of favoring the above measures, and with complete and satisfactory success. But without my further giving the whys and wherefores, as I believe reason itself will in every instance, if allowed to act at the proper time. Therefore, I consider myself under the protection of the excused for the present.

Geo. H. Vance, M.D.

Oneida, Ill., Jan. 29, 1869.

Curious Monster.

Editors Medical and Surgical Reporter:

I do not wish to encumber the pages of your valuable journal with matter that would not be interesting or instructive to its patrons, but the following case seems so singular, so unusual, to me, a young practitioner, that I fain would describe it, though in humble language. A year or more ago, my partner, of Menard Co., was called to attend a middle aged lady, in her first confinement, who by the time of his arrival had been delivered of the child-curiosity, of which I write.

There were several anatomical changes in the babe, the most striking and peculiar being a natural chignon, of modern style, on the back of the head, composed of the cerebrum, developed outside the posterior fontanelle, and enclosed by the pericranium; the part covering the tumor was clothed with a luxuriant growth of hair, and was constricted at the neck, precisely like the waterfalls worne by the belles of the present

day. On the feet were six toes, and protruding through an opening at the side of the umbilicus were the small intestines; the stomach, colon and rectum remaining in their natural positions. Dr. Roberts (my partner) and I procured the little curiosity, and conveyed it to Springfield, Ill, for the inspection of the profession there, and the decision of the majority of medical men who saw the specimen, was that the superior hemispheres of the brain, as also the small intestines, were formed and developed externally.

E. D. Thomas, M. D.

Greenview, Ill.

Prolapsus Uteri.

Editors Med. and Surg. Reporter:

A somewhat singular case of prolapsus uteri came under my treatment which will perhaps be well enough to give in detail. A lady, æt. 60 years, who had followed weaving in a hand loom for some 16 years, called upon me last spring to be examined. She had been for the past 12 years laboring, as she supposed, and her physician had informed her, under a disease of the bladder. I made examination per speculum and found the uterus lying just within the labia interna, with the fundus resting on the left side and bent laterally, the cervix much enlarged and elongated with a patch of ulcers upon the superior portion of the os, describing the upper half from which exuded a sanguineous muco purulent discharge, emitting a disagreeable saline fetid odor, also that portion of the cervix that lay against the bladder was in a highly imflamed state, producing a constant desire to miturate. When voiding urine she would experience severe pain in the neck of the bladder with a burning sensation. I also found a vascular tumor the size of a garden pea just beneath the meatus urinarius. After completing my exploration then came the modus operandi; first I introduced a small sound into the urethra to detect stricture, but found none. I then introduced a catheter and drew nearly a pint of urine, which was highly colored and showed a calculus deposit. This gave marked relief, and I then proceeded to raise the uterus slightly and disengage it from the bladder; then took a small thin piece of sponge saturated with a solution of acetate of lead, and placed it between the uterus and bladder. This done, I penciled the os with nitrate of silver once a day for four days, until I broke down the ulcerative process, and after the cauterized part had sloughed a healthy surface made its appearance. Next I made a solution of permanganate potash, grs. x., water ℥vi., and used as a mash to the os and vagina, this I continued for eight days, when I deemed the irritation sufficiently allayed to replace the uterus, which I succeeded in doing without much difficulty. I held the same in situ with a sponge saturated with a solution of acetate of lead, removing and cleansing same every day for two weeks; at same time gave internally fluid ext. helonia, fluid ext. caulophyl., fluid ext. cypriped, aa ℥j. Dose, teaspoonful three times a day, and in three months the patient, to use her expression, felt like a girl of 18 years. The vascular tumor I removed with curved scissors, but strange to say the difficulty of the bladder never returned after using the catheter.

J. P. Marsh, M. D.

Hanover, Wis.

Chlorate of Potash in Abortion.

Editors Med. and Surg. Reporter:

Having some year or so ago noticed in some journal (I think the *Journal of Med. and Surg.*, Philadelphia) that to chlorate potash, was attributed the surprising property of preventing abortion. I resolved to test its efficacy the first opportunity. Fortunately had not long to wait.

Mr. M., called to see me in regard to his wife; he told me she had advanced seven and a-half months in pregnancy, and from her complaints he thought she would have premature confinement, further stating to me that she had at two previous pregnancies aborted at seven and a-half months. I enjoined perfect rest, and prescribed chlorate potash three grains four times per day. I did not have any more complaints from her until she had completed her gestation. She was delivered of a fine "big" boy, which is now living and doing well.

Case 2d. Mrs. S. had progressed two and a-half months in her gestation, when I was called in haste, found that she had all the symptoms of labor, but no rupturing of the membrane had taken place yet; prescribed chlorate potash, three grains four times per day, with the addition of one-eighth grain morphia sulphatis. She told me she had aborted three times, at two and a half months, and feared the same result this time. But since that time (which is two weeks) she has been doing well and attending to her domestic duties.

Two other cases I could mention with similar results, but deem it not necessary.

J. S. Lewis, M. D.

Farmington, Penna., Feb. 1st, 1869.

Meteorological Observations.

Editors of the Medical and Surg. Reporter:

Meteorological observations taken at Cape Disappointment, W. T.; three observations daily, of Thermometer and Hygrometer, viz., at 7 A. M., 2 and 9 P. M. Situation, north entrance of Columbia River, Washington Territory; in lat. 46° 16′ 32″ N.; long. 124° 02′ 13″ W. Alt. of Barometer, 30 ft.

1864.	Daily. Ther. Mean.	Daily. Hygro. Mean.	Rains. Inches.
July	60 71	55.16	.53
August	64.09	61.12	.37
September	63.59	60.26	4.98
October	58.78	56.79	1.72
November	55.57	55.10	10.30
December	47.29	46.95	10.00
1865.			
January	42.89	41.35	10.20
February	41.34	40.76	4.37
March	41.64	40.77	13.55
April	49.76	46.10	3.60
May	57.71	54.25	3.40
June	59.94	58.50	1.86
July	63.63	61.80	1,20
August	62 28	60,11	1 85
September	58.68	57 23	8.85
October	53.56	52.16	3.70
November	49.43	48.86	13.90
December	No observations.		11.10
January	Inst. to 25th, no observa's,		4.80
1866.			
June	59.54	55.33	5.65
July	62.47	58 12	0.79
August	60.67	58.44	2 78
September	58.90	57.01	0 75
October	53.25	52.26	7.12
November	50.78	49.43	19 07
December	47.43	44.25	16.12
1867.			
January	42.62	41 00	12.14
February	41.25	39.80	12.19
March	40.17	38 11	1.96
April	49.46	47.54	5.32
May	55.99	52.78	0.93
June	58 88	56.11	3.40
July	63.67	60.76	7.90
August	59.93	58.17	0.50
September	59.51	57.00	3.90
October	53 54	54.23	13.80
November	50.35	48.16	11 50
December	45.34	43.76	18.20
1868.			
January	34 35	33.42	4.50
February	43.80	43.07	4.50
March	46.67	45.02	13 50
April	51.13	49.13	8.30
May	56.21	51.80	4.20
June	57.34	55 57	4 60
July	61.94	58.83	0.00
August	59.76	57.48	0.00
September	56.48	54.18	0.40
October	54.12	52.15	6.10
November	51.07	49.21	10 40
December	49.09	47.33	8.90

Rain-fall for 50 months, as shown above, 319.70 inches, or 6.394 inches fall per month, or 76.728 inches per year; but, as a general thing, this all falls in nine months, as very little rain falls in the months of July, August, and September, as a usual thing. The greatest fall of rain was in November, 1866, 19.07 inches. "Medico."

News and Miscellany.

Hypodermic Injection and Blisters.—In order to avoid the pain produced by blisters, M. Bricheteau gives a hypodermic injection of morphia at the moment of applying the blister.

—— The Medico Forensic Society of New York held its first regular meeting on the evening of the 3d inst., at the residence of Dr. Beach, No. 142 West Twelfth Street. The subject taken up for debate was, "Whether the will made by a man a few days previous to his committing suicide, was valid?" The debate was very interesting, there being much difference of opinion between the gentlemen present. No conclusion was arrived at, the subject going over to a future meeting.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

Douglass—Bacon.—Jan. 24, 1869, Dr. C. E. Douglass, of Constableville, Lewis co., N. Y., and Miss Esther Bacon, only daughter of David Bacon, Esq., of Leyden, N. Y.

Goddard—Palmer.—In New Orleans, Jan 26, 1869, by the Rev. Mr. Hodges, at Christ Church, Wm. H. Goddard, of Philadelphia, and Emilie, youngest daughter of Dr. Palmer, of St. James, Louisiana.

Mengumery—McDonald.—Nov. 21, 1868, by Rev. J. W. Hamilton, R. E. Mengumery, M. D., and Miss M. E. McDonald, both of Washington co., Pa.

DIED.

Barnette.—At Opelika, Ala., Jan. 20, 1869, Mrs. Bell Barnette, wife of Dr. J. B. Barnette.

Curtiss.—Feb 3, after a lingering illness, Dr. John G. Curtiss, of Jersey City.

Gibbons.—At Wilmington, Del., Jan. 30, Rebecca, widow of Dr. William Gibbons, late of that place, aged 83 years.

Mrs. Gibbons was, we believe, the mother of Dr Henry Gibbons, Sen., and grandmother of Dr. Henry Gibbons, Jr., both of San Francisco, and editors of the *Pacific Medical and Surgical Journal.*

Ludwig.—In Boston, Mass., Dec. 27, Warren Ludwig, M. D., aged 56.

METEOROLOGY.

January,	25.	26.	27.	28.	29.	30.	31.
Wind	N. W.	N. W.	S. W.	N. W.	N. E.	W.	N. W.
Weather	Clear.	Clear.	Cl'dy.	Clear.	Cl'dy Rain.	Clear.	Clear.
Depth Rain					8-10		
Thermometer.							
Minimum	28°	8°	10°	16°	24°	38°	26°
At 8, A. M.	43	19	28	34	35	50	29
At 12, M.	39	29	38	47	49	58	40
At 3, P. M.	36	29	39	45	55	58	29
Mean	36.50	21.25	28.75	35.50	40.75	51.	23.50
Barometer.							
At 12, M.	29.6	30.	29.9	29.8	29.9	29.5	29.8

Germantown, Pa B. J. Leedom.